Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name						
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Diege First name Anlord Middle name Michel Last name and Suffix (Sr., Jr., II, III)		Alexandra First name Rose Middle name Michel Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years Include your married or maiden names.						
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8547		xxx-xx-4440			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 2 of 61

Debtor 1 **Diege Anlord Michel Alexandra Rose Michel** Debtor 2 Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 881 Greenshank Dr Haines City, FL 33844 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Polk** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Voluntary Petition for Individuals Filing for Bankruptcy

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 3 of 61

	otor 1 Diege Anlord Mich otor 2 Alexandra Rose M				Case number (if known)			
Par	t 2: Tell the Court About	our Bankruptcy	Case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7						
	choosing to file under							
		☐ Chapter 11						
		☐ Chapter 12						
		☐ Chapter 13						
8.	How you will pay the fee	about how order. If yo a pre-printe I need to p The Filing I request t but is not re applies to y	you may pay. Typically, if you a ur attorney is submitting your pay id address. ay the fee in installments. If you fee in Installments (Official For mat my fee be waived (You may acquired to, waive your fee, and our family size and you are una	are paying the fee ayment on your be you choose this op m 103A). The pay request this opt may do so only if the pay the fee able to pay the fee	eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money shalf, your attorney may pay with a credit card or check with tion, sign and attach the <i>Application for Individuals to Pay</i> ion only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out ficial Form 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No. □ Yes. District District District	t	When When When	Case number Case number Case number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.						
		Debto	r		Relationship to you			
		Distric	t	When	Case number, if known			
		Debto	r		Relationship to you			
		Distric	t	When	Case number, if known			
11.	Do you rent your	■ No. Go to	o line 12.					
	residence?		your landlord obtained an evict	ion judgment agai	nst you?			
			No. Go to line 12.					
			Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition.	t About an Evictio	n Judgment Against You (Form 101A) and file it as part of			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 4 of 61

Debt Debt	U			Case number (if known)			
Part	3: Report About Any Bu	sinesses \	You Own as a Sole Propr	ietor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, S	tate & ZIP Code			
	it to this petition.		☐ Health Care Bu	box to describe your business: siness (as defined in 11 U.S.C. § 101(27A))			
				al Estate (as defined in 11 U.S.C. § 101(51B)) defined in 11 U.S.C. § 101(53A))			
				ker (as defined in 11 U.S.C. § 101(6))			
			☐ None of the abo				
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set apple deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the pre in 11 U.S.C. 1116(1)(B).					
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).	■ No.	I am not filing under Ch	apter 11.			
		□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	4: Report if You Own or	Have Any	Hazardous Property or A	any Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat	☐ Yes.					
	of imminent and identifiable hazard to public health or safety?		What is the hazard?				
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
				Number, Street, City, State & Zip Code			

		Ca	se 8:19-bk-00481 Doc 1 Filed 0	1/1	8/1	9 Page 5 of 61
	otor 1 Diege Anlord Miclor 2 Alexandra Rose M	nel Iiche	I			Case number (if known)
Par	t 5: Explain Your Efforts	to Red	ceive a Briefing About Credit Counseling			
		Abo	ut Debtor 1:		Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether you have received a briefing about credit counseling.		must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate o completion.
recovery	The law requires that you receive a briefing about credit counseling before		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to	_	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificat of completion.
	file. If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it
			what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a			before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still
			briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.			receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			cause and is limited to a maximum of 15 days.
			I am not required to receive a briefing about credit counseling because of:			I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

military combat zone.

Active duty.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver

combat zone.

of credit counseling with the court.

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 6 of 61

	otor 1 Diege Anlord Miclotor 2 Alexandra Rose M				Case numbe	if (if known)		
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
	What kind of debts do you have?	16a.				ned in 11 U.S.C. § 101(8) as "incurred by an		
	,		☐ No. Go to line 16b.	, , , , , , , , , , , , , , , , , , ,				
			Yes. Go to line 17.					
		16b.	Are your debts primarily money for a business or in			that you incurred to obtain		
			□ No. Go to line 16c.	ivesiment of through the	e operation of the busi	mess of investment.		
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consu	ımer debts or busines	s debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter are paid that funds will be			erty is excluded and administrative expenses		
	administrative expenses		■ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	1 -49		1 ,000-5,000		25,001-50,000		
		□ 50-99		☐ 5001-10,00		☐ 50,001-100,000		
		☐ 100-1 ☐ 200-9		☐ 10,001-25,	000	☐ More than100,000		
	Hannanah da man							
19.	How much do you estimate your assets to	\$0 - \$		□ \$1,000,001 □ \$10,000,00	⊢- \$10 million 01 - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion		
	be worth?)01 - \$100,000 ,001 - \$500,000		01 - \$100 million	□ \$10,000,000,001 - \$50 billion		
			,001 - \$1 million	□ \$100,000,0	100,001 - \$500 million			
20.	How much do you	□ \$0 - \$	 \$50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?	\$50,0	001 - \$100,000	□ \$10,000,00	01 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			,001 - \$500,000		01 - \$100 million	□ \$10,000,000,001 - \$50 billion		
		☐ \$500,001 - \$1 million ☐ \$100,00			001 - \$500 million	☐ More than \$50 billion		
Par	t 7: Sign Below							
For	you	I have ex	kamined this petition, and I	declare under penalty of	perjury that the inform	nation provided is true and correct.		
						under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.		
			orney represents me and I di nt, I have obtained and read			t an attorney to help me fill out this		
		I request	t relief in accordance with th	e chapter of title 11, Uni	ted States Code, spec	cified in this petition.		
			tcy case can result in fines ι			or property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,		
			ge Anlord Michel		/s/ Alexandra Ro			
			Anlord Michel e of Debtor 1		Alexandra Rose Signature of Debtor			
		Executed	d on January 18, 2019		Executed on Jan	nuary 18, 2019		
			MM / DD / YYYY			/ DD / YYYY		

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 7 of 61

Debtor 1 Diege Anlord Mic Alexandra Rose M			Case number (if known)				
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify	ted States Code, and have e that I have delivered to the d	informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)				
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.	 b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in is incorrect. 					
. •	/s/ Stephen J. Berlinsky	Date	January 18, 2019				
	Signature of Attorney for Debtor		MM / DD / YYYY				
	Stephen J. Berlinsky 117421						
	Printed name						
	The Berlinsky Law Firm, PA						
	Firm name						
	21 South 2nd Street						
	Haines City, FL 33844						
	Number, Street, City, State & ZIP Code						
	Contact phone 863-409-7961	Email address	ecf-flmd@fladebtrelief.com				
	117421 FL						
	Bar number & State						

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 8 of 61

Fill	in this information to identify your case:		
Del	otor 1 Diege Anlord Michel		
Del	First Name Middle Name Last Name otor 2 Alexandra Rose Michel		
	First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA		
	se number	_	if this is an
Of	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information	•	12/15
info	as complete and accurate as possible. If two married people are filing together, both are equally responsible f rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,228.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	13,228.00
Par	t 2: Summarize Your Liabilities		
		Your li	abilities
		Amoun	t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	600.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	84,541.01
	Your total liabilities	\$	85,141.01
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,084.25
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,720.31
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of	our other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the the court with your other schedules.	s box and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 9 of 61

Debto	Alexandra Rose Michel	Case number (if known)	
	rom the <i>Statement of Your Current Monthly Income</i> : C 22A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-	Copy your total current monthly income from Official Form 1 Line 14.	\$ 4,286.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Diege Anlord Michel

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	29,260.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	29,260.00

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 10 of 61

	O 430 0.	10 DK	00-01 0001	1 1100 01/10/10	age 10 or 01	
Fill in this infor	rmation to identify your	case and	d this filing:			
Debtor 1	Diege Anlord Mic	chel				
	First Name		iddle Name	Last Name		
Debtor 2 (Spouse, if filing)	Alexandra Rose		iddle Name	Last Name		
United States B	ankruptcy Court for the:	MIDDLE	DISTRICT OF FLORI	DA		
Case number						☐ Check if this is an amended filing
_	orm 106A/B					
Schedu	le A/B: Prop	erty				12/15
1. Do you own or No. Go to Pa Yes. Where Part 2: Describe Do you own, leasomeone else dr	art 2. is the property? e Your Vehicles ase, or have legal or equ	e interest uitable in le, also re	in any residence, buildir terest in any vehicles	Own or Have an Interest In ng, land, or similar property? n, whether they are registere Executory Contracts and Une		ehicles you own that
_ 100						
3.1 Make:	Chevrolet		Who has an interest in	the property? Check one	Do not deduct secured cl the amount of any secure	
Model:	Spark		☐ Debtor 1 only		Creditors Who Have Clair	
Year:	2015		Debtor 2 only		Current value of the	Current value of the
Approxima Other info	-	3000	☐ Debtor 1 and Debtor☐ At least one of the de		entire property?	portion you own?
	CB6599FC714828		At least one of the de	biois and another		
			☐ Check if this is com	munity property	\$5,000.00	\$5,000.00
	ivate Party Fair on is 6030, however o		(see instructions)			
I	on is 6030, nowever o or condition \$5000	ar				

3.2 Make:	Chevrolet		Who has an interest in	the property? Check one	Do not deduct secured cl	
Model:	Colorado Crew Cab		Debtor 1 only		the amount of any secure Creditors Who Have Clair	
Year:	2009		Debtor 2 only		Current value of the	Current value of the
Approxima	ate mileage:	VIN	■ Debtor 1 and Debtor	2 only	entire property?	portion you own?
Other info			☐ At least one of the de	btors and another		
VIN 1GC	CCS139598122275		Па		\$0.00	\$0.00
			Check if this is com (see instructions)	munity property	Ψυ.υυ	φυ.υυ

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 11 of 61

Debtor 1 Debtor 2	Diege Anlord Michel Alexandra Rose Michel Case number (if known)	
	raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories es: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	e dollar value of the portion you own for all of your entries from Part 2, including any entries for you have attached for Part 2. Write that number here=>	\$5,000.00
	escribe Your Personal and Household Items wn or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Examp □ No	nold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware Describe	
	refrigerator 300, washer dryer 300, utensils 5, flatware 5, cookware 10, living room furniture 350, dining room table & chairs 150, dvd's 10, bedroom furniture 200 lamps 15, desk 15, lawnmower 50, tools 50,	\$1,460.00
	Mattress leased through Mattress Firm	\$300.00
□ No	nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games Describe	collections; electronic devices
	tv 200, computer 75, playstation & nintindo 550, cell phones 400	\$1,225.00
Examp ☐ No	ibles of valueles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectiblesDescribe	, or baseball card collections;
	prints from art museum 100	\$100.00
Examp ■ No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments Describe	and kayaks; carpentry tools;
■ No	ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe	
□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 12 of 61

Debtor 1 Debtor 2	Diege Anlor Alexandra R		Case number (if k	rnown)
		clothing 200		\$200.00
☐ No			ment rings, wedding rings, heirloom jewelry, watches, g c costume jewelry & watch 100	ems, gold, silver \$250.00
		wouding bands 100, mile	o oostamo jonomy a waton 100	
Exam ■ No	arm animals ples: Dogs, cats, Describe	birds, horses		
	ther personal an	d household items you did no	ot already list, including any health aids you did not	list
■ No □ Yes.	Give specific inf	ormation		
	•			
		-	t 3, including any entries for pages you have attache	\$3,535.00
Part 4: De	escribe Your Finan	cial Assets		
Do you or	wn or have any l	egal or equitable interest in a	ny of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No □ Yes. 17. Depos Exam	its of money	avings, or other financial accou	nts; certificates of deposit; shares in credit unions, brokerith the same institution, list each.	
□ No ■ Yes.			Institution name:	
_ 100.		17.1.	Suntrust Bank Checking Acct xxxxxxxxx6231 \$3	\$3.00
		17.2.	Wells Fargo Checking xxxxxxx9041 \$5 Savings xxxxxxx8016 \$1	\$6.00
Exam ■ No		or publicly traded stocks investment accounts with broke Institution or issuer na	erage firms, money market accounts	
19. Non-p joint v			ated and unincorporated businesses, including an i	nterest in an LLC, partnership, and
■ No □ Yes.	Give specific inf	ormation about them		
	1	Name of entity:	% of ownership:	
			able and non-negotiable instruments ers' checks, promissory notes, and money orders.	

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 13 of 61

	btor 1 btor 2	Diege Anlord Michel Alexandra Rose Michel		Case number (if known)	
	■ No □ Yes.	Give specific information about them Issuer name:			
		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or other pe	ension or profit-sharing plan	s
	Yes. I	List each account separately. Type of account:	Institution name:		
		401k	ABC Liquors 401k		\$2,219.00
	Your sl Examp		nade so that you may continue service or use fro id rent, public utilities (electric, gas, water), telect		or others
	■ No □ Yes		Institution name or individual:		
	Annuiti ■ No	ies (A contract for a periodic payment of	of money to you, either for life or for a number of	years)	
	■ No □ Yes	Issuer name and descri	ption.		
		s in an education IRA, in an accoun C. §§ 530(b)(1), 529A(b), and 529(b)(1	t in a qualified ABLE program, or under a qua).	alified state tuition progra	m.
	■ No □ Yes	Institution name and des	scription. Separately file the records of any intere	ests.11 U.S.C. § 521(c):	
	■ No	equitable or future interests in prop	perty (other than anything listed in line 1), and	l rights or powers exercis	able for your benefit
		s, copyrights, trademarks, trade sec			
	<i>Examp</i> ■ No		proceeds from royalties and licensing agreemen	nts	
		es, franchises, and other general int			
	<i>Examp</i> ■ No	oles: Building permits, exclusive license	es, cooperative association holdings, liquor licens	ses, professional licenses	
		Give specific information about them			Owner to release of the
IVIC	oney or p	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax ref □ No	unds owed to you			
	Yes.	Give specific information about them, i	ncluding whether you already filed the returns ar	nd the tax years	
		por	tential 2018 tax refund	federal	\$2,465.00
		support sles: Past due or lump sum alimony, sp	ousal support, child support, maintenance, divor	ce settlement, property sett	lement

☐ Yes. Give specific information.....

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 14 of 61

Debtoi Debtoi		Case number (if known)				
E>	her amounts someone owes you xamples: Unpaid wages, disability insurance payments, disabil benefits; unpaid loans you made to someone else	ity benefits, sick pay, vacation pay, workers' comper	nsation, Social Security			
I						
ЦΥ	Yes. Give specific information					
E	erests in insurance policies examples: Health, disability, or life insurance; health savings acc	count (HSA); credit, homeowner's, or renter's insurar	nce			
		alue				
	Yes. Name the insurance company of each policy and list its va Company name:	Beneficiary:	Surrender or refund value:			
lf y	ny interest in property that is due you from someone who he you are the beneficiary of a living trust, expect proceeds from a bracene has died.		eive property because			
-	Yes. Give specific information					
	aims against third parties, whether or not you have filed a camples: Accidents, employment disputes, insurance claims, o					
	Yes. Describe each claim					
34. Ot l	her contingent and unliquidated claims of every nature, in	cluding counterclaims of the debtor and rights to	set off claims			
	Yes. Describe each claim					
35. A n	y financial assets you did not already list					
	No					
	Yes. Give specific information					
	Add the dollar value of all of your entries from Part 4, included Part 4. Write that number here		\$4,693.00			
Part 5:	Describe Any Business-Related Property You Own or Have an In	nterest In. List any real estate in Part 1.				
		·				
	you own or have any legal or equitable interest in any business-re o. Go to Part 6.	elated property?				
_	es. Go to line 38.					
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property Y If you own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interest In.				
46. Do	you own or have any legal or equitable interest in any far	m- or commercial fishing-related property?				
	No. Go to Part 7.					
	Yes. Go to line 47.					
Part 7:	Describe All Property You Own or Have an Interest in That	You Did Not List Above				
	you have other property of any kind you did not already li examples: Season tickets, country club membership	ist?				
	Yes. Give specific information					
54. A	Add the dollar value of all of your entries from Part 7. Write	that number here	\$0.00			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 15 of 61

Debto Debto				Case number (if known)	
Part 8:	List the Totals of Each Part of this Form				
55. F	Part 1: Total real estate, line 2				\$0.00
56. F	Part 2: Total vehicles, line 5		\$5,000.00		
57. F	Part 3: Total personal and household items, line 15		\$3,535.00		
58. F	Part 4: Total financial assets, line 36		\$4,693.00		
59. F	Part 5: Total business-related property, line 45	·	\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52	-	\$0.00		
61. F	Part 7: Total other property not listed, line 54	+	\$0.00		
62. 1	Fotal personal property. Add lines 56 through 61	_	\$13,228.00	Copy personal property total	\$13,228.00
63. 1	Total of all property on Schedule A/B. Add line 55 + line 62				\$13,228.00

							_	
Fil	l in this inforn	nation to identify your o	case:					
De	ebtor 1	Diege Anlord Micl	nel					
		First Name	Middle Name		L	ast Name		
1 -	ebtor 2 ouse if, filing)	Alexandra Rose N	Middle Name		1	ast Name		
Un	ited States Bar	nkruptcy Court for the:	MIDDLE DISTR	ICT OF FLC	RIDA			
	nse number						☐ Check if this is an amended filing	
O ¹	fficial Fo	rm 106C						
S	chedule	e C: The Pro	perty Yo	ou Cla	aim	as Exempt	4/16	
the nee cas For spe any fun exe	property you li- ded, fill out and e number (if kr each item of ecific dollar an applicable st ds—may be u emption to a pa	sted on Schedule A/B: Pd attach to this page as rown). property you claim as enount as exempt. Alternatutory limit. Some exenlimited in dollar amount.	roperty (Official Fonany copies of Palexempt, you mustatively, you mayongtions—such and the However, if you have the control of the Palexemptions—such and the Control of the	orm 106A/B) ort 2: Addition of specify the claim the fast hose for ou claim ar	as yonal Pare nal Pare ne amo full fai n exen	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. It market value of the property be the aids, rights to receive certain be notion of 100% of fair market value.	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement	
		y the Property You Cla	im as Exempt					
1.	Which set of	exemptions are you cl	aiming? Check o	ne only, eve	n if yo	our spouse is filing with you.		
	You are cla	aiming state and federal	nonhankruntov ex	emptions	11 11 5	S.C. 8 522(b)(3)		
	_	· ·	. ,	·	0.0	5.0. 3 022(0)(0)		
	☐ You are cia	aiming federal exemptior	is. 11 U.S.C. § 5	22(b)(2)				
2.	For any prop	erty you list on Schedu	<i>Ile A/B</i> that you o	claim as exe	empt,	fill in the information below.		
		on of the property and line that lists this property	portion y	value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
	2015 Chevr	olet Spark 78000 mil	••	5,000.00	_	\$1,000.00	Fla. Stat. Ann. § 222.25(1)	
	VIN KL8CB	6599FC714828			_			
	6030, howe condition	e Party Fair conditio ver car is in Poor \$5000 nedule A/B: 3.1	n is		_	100% of fair market value, up to any applicable statutory limit		
		olet Spark 78000 mil 6599FC714828	es s	5,000.00		\$4,000.00	Fla. Stat. Ann. § 222.25(4)	
	KBB Private 6030, howe condition	e Party Fair conditio ver car is in Poor	n is			100% of fair market value, up to any applicable statutory limit		
		300, washer dryer 3		1,460.00		\$1,460.00	Fla. Const. art. X, § 4(a)(2)	
	living room	furniture 350, dining & chairs 150, dvd's	9			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

bedroom furniture 200 lamps 15, desk 15, lawnmower 50, tools 50,

Line from Schedule A/B: 6.1

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 17 of 61

	tor 1 tor 2	Diege Anlord Michel Alexandra Rose Michel			Case number (if known)	
		Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B		• •		Specific laws that allow exemption
	Mattı Firm	ress leased through Mattress	\$300.00		\$300.00	Fla. Stat. Ann. § 222.25(4)
	Line f	rom Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
		0, computer 75, playstation & ndo 550 , cell phones 400	\$1,225.00		\$1,225.00	Fla. Stat. Ann. § 222.25(4)
	Line f	rom Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
		s from art museum 100 rom Schedule A/B: 8.1	\$100.00		\$100.00	Fla. Stat. Ann. § 222.25(4)
					100% of fair market value, up to any applicable statutory limit	
		iing 200 rom Schedule A/B: 11.1	\$200.00		\$200.00	Fla. Stat. Ann. § 222.25(4)
					100% of fair market value, up to any applicable statutory limit	
		ding bands 150, misc costume lry & watch 100	\$250.00		\$250.00	Fla. Stat. Ann. § 222.25(4)
	Line f	rom Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
		: ABC Liquors 401k rom Schedule A/B: 21.1	\$2,219.00		\$2,219.00	Fla. Stat. Ann. § 222.21(2)
					100% of fair market value, up to any applicable statutory limit	
		ral: potential 2018 tax refund	\$2,465.00		\$540.00	Fla. Const. art. X, § 4(a)(2)
					100% of fair market value, up to any applicable statutory limit	
		ral: potential 2018 tax refund rom Schedule A/B: 28.1	\$2,465.00	•	\$1,925.00	Fla. Stat. Ann. § 222.25(4)
					100% of fair market value, up to any applicable statutory limit	
3.	(Subje	ou claiming a homestead exemption ect to adjustment on 4/01/19 and every			iled on or after the date of adjustmen	t.)
	_	res. Did you acquire the property cover ☐ No	red by the exemption wi	thin 1	,215 days before you filed this case?	
		☐ Yes				

Cas	6 9.13-0K-00481 DOC	; i Filed 01/.	10/19 Paye	19 01 91	
Fill in this information to identify	your case:				
Debtor 1 Diege Anlore	d Michel				
First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) Alexandra R First Name	ose Michel Middle Name	Last Name			
3,					
United States Bankruptcy Court for	the: MIDDLE DISTRICT OF FI	LORIDA			
Case number					
(if known)					if this is an
				ameno	led filing
Official Form 106D					
Schedule D: Credito	ors Who Have Clain	ns Secured	by Property	y	12/15
Be as complete and accurate as possi is needed, copy the Additional Page, finumber (if known).					
1. Do any creditors have claims secure	d by your property?				
☐ No. Check this box and subr	nit this form to the court with your	other schedules. You	u have nothing else to	o report on this form.	
Yes. Fill in all of the informat	ion below.				
Part 1: List All Secured Claims	•				
2. List all secured claims. If a creditor			Column A	Column B	Column C
for each claim. If more than one credito much as possible, list the claims in alpha			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Progressive Leasing	Describe the property that sec	ures the claim:	\$600.00	\$300.00	\$300.00
Creditor's Name	Mattress leased through	h Mattress			
	As of the date you file, the clai	im is: Check all that			
256 West Data Dr Draper, UT 84020	apply.	One one on that			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that a	pply.			
Debtor 1 only	An agreement you made (suc	ch as mortgage or secu	ıred		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lie	•			
☐ At least one of the debtors and anoth☐ Check if this claim relates to a	ner				
community debt	- Other (including a right to one				
Date debt was incurred	Last 4 digits of account	t number			
Add the dollar value of your entries	in Column A on this page. Write that	t number here:	\$60	0.00	
-	add the dollar value totals from all p		· ·	0.00	
Part 2: List Others to Be Notifie	d for a Debt That You Already L	isted			
Use this page only if you have others trying to collect from you for a debt y	to be notified about your bankruptc	y for a debt that you a			

than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 19 of 61

		Case 8.1	L9-DK-0046	ST DOG I	Filed 01/18/19	Page 19 0	דס וכ	
Fill in t	this informat	tion to identify your	case:					
Debtor		Diege Anlord Micl	hel Middle Nar	me	Last Name			
Debtor (Spouse	_	Alexandra Rose N	/lichel Middle Nar	me	Last Name			
United	States Bankr	ruptcy Court for the:	MIDDLE DIS	TRICT OF FLOR	IDA			
Case n	number 						_	heck if this is an mended filing
	al Form 'edule E/F	106E/F F: Creditors W	ho Have	Unsecured	Claims			12/15
any exec Schedul Schedul left. Atta	cutory contrac le G: Executor le D: Creditors	ets or unexpired leases y Contracts and Unexpi Who Have Claims Secu uation Page to this pag	that could resul ired Leases (Off ured by Property	t in a claim. Also l icial Form 106G). I y. If more space is	FY claims and Part 2 for cree list executory contracts on to Do not include any creditors needed, copy the Part you i port in a Part, do not file tha	Schedule A/B: Pro s with partially sec need, fill it out, nu	perty (Official cured claims mber the ent	al Form 106A/B) and on that are listed in ries in the boxes on the
Part 1:		f Your PRIORITY Un						
_	•	have priority unsecure	d claims against	you?				
	No. Go to Part	2.						
	Yes.							
Part 2:	List All o	f Your NONPRIORIT	Y Unsecured (Claims				
3. Do	any creditors	have nonpriority unsec	ured claims aga	iinst you?				
	No. You have r	nothing to report in this pa	art. Submit this fo	orm to the court with	your other schedules.			
	Yes.							
uns	secured claim, li n one creditor h	ist the creditor separately	for each claim. F	For each claim listed	ne creditor who holds each of the creditor who holds each of the claim it have more than three nonprior	is. Do not list claim	ns already incl	uded in Part 1. If more
								Total claim
4.1	American			Last 4 digits of acc	count number			Unknown
	PO Box 10 Atlanta, G		,	When was the deb	t incurred?			
	Number Stree	et City State Zlp Code d the debt? Check one.		As of the date you	file, the claim is: Check all the	hat apply		
	Debtor 1 c	only	1	☐ Contingent				
	Debtor 2 o	only	I	☐ Unliquidated				
	Debtor 1 a	and Debtor 2 only	İ	☐ Disputed				
	☐ At least or	ne of the debtors and and	MICI		RITY unsecured claim:			
		his claim is for a comr	ilullity	Student loans				
	debt Is the claim s	subject to offset?		☐ Obligations arising propertions in the Dela De	ng out of a separation agreem ims	nent or divorce that	you did not	
	■ No	-		,	n or profit-sharing plans, and c	other similar debts		
	☐ Yes		1	Other. Specify				

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 20 of 61

	r 1 Diege Anlord Michel r 2 Alexandra Rose Michel		Case number (if known)			
4.2	American Student Asst	Last 4 digits of account number	0002	\$4,235.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 100 Cambridge St., Ste 1600 Boston, MA 02114	When was the debt incurred?	Last Active 04/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Governmen	t Unsecured Guarantee Loan			
4.3	American Student Asst	Last 4 digits of account number	0001	\$3,048.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 100 Cambridge St., Ste 1600 Boston. MA 02114	When was the debt incurred?	Last Active 04/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	Is the claim subject to offset?					
	■ No		rofit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify Governmen	t Unsecured Guarantee Loan			
4.4	American Student Asst	Last 4 digits of account number	7151	\$4,024.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 100 Cambridge St., Ste 1600	When was the debt incurred?	Last Active 04/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	Пол				
	Debtor 2 only	☐ Contingent				
	_	Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes		nt Unsecured Guarantee Loan			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 21 of 61

Debtor Debtor	Diege Anlord Michel Alexandra Rose Michel		Case number (if known)				
4.5	Amex	Last 4 digits of account number	0783	\$0.00			
4.0	Nonpriority Creditor's Name			φ0.00			
	Po Box 297871 Fort Lauderdale, FL 33329	When was the debt incurred?	Opened 4/01/15 Last Active 10/14/18				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	_						
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed	l eleim.				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Credit Card	<u> </u>				
4.6	Assetcare Nonpriority Creditor's Name	Last 4 digits of account number	6059	\$12,544.00			
	Attn: Bankruptcy 2222 Texoma Pkwy	When was the debt incurred?	Opened 06/18				
	Sherman, TX 75090 Number Street City State Zlp Code As of the date you file, the cl		s: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Olleck all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
		Type of NONPRIORITY unsecured	d claim:				
	At least one of the debtors and another	<u></u> '	☐ Student loans				
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Florida Hos	spital				
	D. J. Of A. v. J. v.			***			
4.7	Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number	7715	\$3,343.00			
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 09/05 Last Active 10/30/18				
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	-	or and allo you may and ordered or book all that apply				
	■ Debtor 1 only	☐ Contingent	1 Contingent				
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit Card	I				
			_				

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 22 of 61

	Diege Anlord Michel Alexandra Rose Michel		Case number (if known)	
4.8	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	Last 4 digits of account number When was the debt incurred?	4481 Opened 11/14 Last Active 11/18	\$639.00
	Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Carc	ration agreement or divorce that you did not g plans, and other similar debts	
4.9	Capital One Bank Usa N	Last 4 digits of account number	9992	\$0.00
	Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 10/11/04 Last Active 11/01/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Cora Rehabilitation Nonpriority Creditor's Name	Last 4 digits of account number	0201	\$50.00
	PO BOX 150 Lima, OH 45802	When was the debt incurred?	2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify medical	-· 	

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 23 of 61

Debtor Debtor	1 Diege Anlord Michel 2 Alexandra Rose Michel		Case number (if known)				
4.1	Dept of Ed / 582 / Nelnet	Last 4 digits of account number	8149	Unknown			
	Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 10/10 Last Active 09/08				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	_	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify					
4.1	Dept of Ed / 582 / Nelnet Nonpriority Creditor's Name	Last 4 digits of account number	8049	Unknown			
	Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 10/10 Last Active 09/08				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharin	\square Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Other. Specify					
4.1	Ecmc/american Studen A	Last 4 digits of account number	0002	\$4,273.00			
	Nonpriority Creditor's Name 100 Cambridge Street Ste 1600 Boston, MA 02114	When was the debt incurred?	Opened 05/17 Last Active 7/31/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Other. Specify					
			I Rbs Citizens N.A.				

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 24 of 61

	1 Diege Anlord Michel 2 Alexandra Rose Michel	Case number (if known)					
4.1 4	Ecmc/american Studen A	Last 4 digits of account number	0001	\$3,066.00			
	Nonpriority Creditor's Name 100 Cambridge Street Ste 1600 Boston, MA 02114	When was the debt incurred?	Opened 05/17 Last Active 7/31/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Other. Specify					
		Educationa	I Rbs Citizens N.A.				
4.1 5	First Federal Credit Control	Last 4 digits of account number	4260	\$70.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 24700 Chagrin Blvd, Ste 205 Cleveland, OH 44122	When was the debt incurred?	Opened 10/16 Last Active 08/15				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Massey					
4.1	First Federal Credit Control Nonpriority Creditor's Name	Last 4 digits of account number	5491	\$75.00			
	Attn: Bankruptcy 24700 Chagrin Blvd, Ste 205 Cleveland, OH 44122	When was the debt incurred?	Opened 07/15 Last Active 09/14				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only						
	□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharin	• •				
	Yes	Other. Specify Celebration	Dental G				

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 25 of 61

Debtor 2	Diege Anlord Michel Alexandra Rose Michel		Case number (if known)		
	Florida Cardiology PA	Last 4 digits of account number	6291	\$26.59	
	Nonpriority Creditor's Name PO Box 534405 Atlanta, GA 30353	When was the debt incurred?	2015		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	■ Other. Specify medical			
~	Florida Hospital Celebration	Last 4 digits of account number	8744	\$596.00	
	Nonpriority Creditor's Name 400 Celebration Place Celebration, FL 34747	When was the debt incurred?	2013		
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify medical			
9	Florida Hospital Celebration	Last 4 digits of account number	5420	\$200.00	
	Nonpriority Creditor's Name 400 Celebration Place Celebration, FL 34747	When was the debt incurred?	2013		
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	•	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	Other. Specify medical			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 26 of 61

Debtor Debtor	1 Diege Anlord Michel 2 Alexandra Rose Michel		Case number (if known)			
4.2 0	Gold Key Credit	Last 4 digits of account number	8185	\$309.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15670 Brooksville, FL 34604	When was the debt incurred?	Opened 5/06/16 Last Active 12/15			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify	• •			
4.2	Gtefinancial Nonpriority Creditor's Name	Last 4 digits of account number	0094	\$8,139.00		
	711 E. Hendersen Tampa, FL 33602	When was the debt incurred?	Opened 02/16 Last Active 11/30/18			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Automobile	9			
4.2	Medical Data Systems Inc Nonpriority Creditor's Name	Last 4 digits of account number	3947	\$4,790.00		
	Attn: Bankruptcy Dept 2001 9th Ave Ste 312 Vero Beach, FL 32960	When was the debt incurred?	Opened 06/17 Last Active 03/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	n nlans, and other similar debts			
		· · · · · ·	= :			
	Yes	Other. Specify Medical De	ot Heart Of Florid			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 27 of 61

Debtor 1 Debtor 2	Diege Anlord Michel Alexandra Rose Michel		Case number (if known)		
	Midland Credit Mgmt	Last 4 digits of account number	9354	\$717.58	
2	Nonpriority Creditor's Name 2365 Northside Drive, #300 San Diego, CA 92108	When was the debt incurred?	3/13/18		
1	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim			
ı	Debtor 1 only	☐ Contingent			
[Debtor 2 only	☐ Unliquidated			
[Debtor 1 and Debtor 2 only	☐ Disputed			
[$\operatorname{\square}$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	\square Check if this claim is for a community	☐ Student loans			
	lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
ı	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify credit card			
	OptumRx	Last 4 digits of account number	1101	\$27.89	
F	Nonpriority Creditor's Name P.O. Box 9040	When was the debt incurred?	4/2/18		
1	Carlsbad, CA 92018-9040 Jumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
_	☐ Debtor 2 only	☐ Unliquidated			
_	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
_	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
_	☐ Check if this claim is for a community	☐ Student loans			
c	lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
ı	No	Debts to pension or profit-sharing	g plans, and other similar debts		
[Yes	Other. Specify medical			
4.2 5	Progressive Leasing	Last 4 digits of account number	8616	\$1,884.95	
	Nonpriority Creditor's Name 256 West Data Dr	When was the debt incurred?	2018	<u> </u>	
	Oraper, UT 84020	A control of the control of the control of			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
_	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ Debtor Faild Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
_	☐ Check if this claim is for a community	☐ Student loans			
c	lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
ı	No	Debts to pension or profit-sharin	g plans, and other similar debts		
[□Yes	Other. Specify Ioan			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 28 of 61

	r 1 Diege Anlord Michel r 2 Alexandra Rose Michel	Case number (if known)					
4.2 6	Suntrust	Last 4 digits of account number	6231	Unknown			
	Nonpriority Creditor's Name PO BOX 305183 Nashville, TN 37230	When was the debt incurred?					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim					
	□ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No □ Debts to pension or profit-sharing plans, and other similar debts						
	☐ Yes		growing adding new charges eing attempted to be withdrawn , bank wont close acct				
4.2 7	Suntrust Bank	Last 4 digits of account number	7308	\$1,170.00			
·	Nonpriority Creditor's Name Attn: Bankruptcy Mail Code VA-RVW-6290 PO Box 85092	When was the debt incurred?	Opened 04/13 Last Active 02/16				
	Richmond, VA 23286 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	<u> </u>					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify Credit Card					

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 29 of 61

Debto Debto	r 1 Diege Anlord Michel r 2 Alexandra Rose Michel		Case number (if known)			
4.2 8	U S Dept Of Ed/GsI/AtI	Last 4 digits of account number	8848	\$8,997.00		
	Nonpriority Creditor's Name Po Box 4222 lowa City, IA 52244	When was the debt incurred?	Opened 10/10 Last Active 12/06/18			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	\square Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
		Educationa	l .			
4.2 9	U S Dept Of Ed/GsI/AtI Nonpriority Creditor's Name	Last 4 digits of account number	1844	\$6,165.00		
	Po Box 4222 Iowa City, IA 52244	When was the debt incurred?	Opened 07/09 Last Active 12/06/18			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	**	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
		Educationa	l .			
4.3 0	U S Dept Of Ed/GsI/AtI Nonpriority Creditor's Name	Last 4 digits of account number	1833	\$2,665.00		
	Po Box 4222 Iowa City, IA 52244	When was the debt incurred?	Opened 07/08 Last Active 12/06/18			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify				
		Educationa	l			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 30 of 61

Debtor Debtor	r 1 Diege Anlord Michel r 2 Alexandra Rose Michel		Case number (if known)				
4.3 1	U S Dept Of Ed/GsI/AtI	Last 4 digits of account number	1840	\$2,659.00			
	Nonpriority Creditor's Name Po Box 4222 lowa City, IA 52244	When was the debt incurred?	Opened 07/09 Last Active 12/06/18				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured Student loans	I claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not				
	■ No □ Yes	☐ Debts to pension or profit-sharin☐ Other. Specify	g plans, and other similar debts				
		Educationa	l				
4.3	U S Dept Of Ed/GsI/AtI Nonpriority Creditor's Name	Last 4 digits of account number	1836	\$1,435.00			
	Po Box 4222 lowa City, IA 52244	When was the debt incurred?	Opened 07/08 Last Active 12/06/18				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply e.					
	■ Debtor 1 only □ Contingent						
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:				
	☐ Check if this claim is for a community debt	■ Student loans □ Obligations arising out of a sena	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify	 I				
40			•				
4.3 3	U.S. Department of Education Nonpriority Creditor's Name	Last 4 digits of account number	8848	\$9,392.00			
	Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116	When was the debt incurred?	Opened 10/10 Last Active 04/16				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only Contingent						
	□ Debtor 2 only □ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ Disputed						
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:						
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte				
	■ No	<u> </u>	g pians, and other similal debts				
	☐ Yes	Other. Specify					

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 31 of 61

			ord Michel Rose Michel		Cas	e nur	mber (if known)	
Vw Credit Inc Nonpriority Creditor's Name				Last 4 digits of account numb	ber 95	553		\$0.00
14	01 Fran	ıkli		When was the debt incurred?		pene /30/1	ed 07/09 Last Active 4	
Number Street City State Zlp Code Who incurred the debt? Check one.			ity State Zlp Code	As of the date you file, the cla	aim is: C	heck a	all that apply	
	Debtor 1	only		☐ Contingent				
	Debtor 2	only		☐ Unliquidated				
	Debtor 1	and	Debtor 2 only	□ Disputed				
	At least o	ne c	of the debtors and another	Type of NONPRIORITY unsec	cured cla	im:		
			claim is for a community	☐ Student loans				
de	bt		ject to offset?	☐ Obligations arising out of a sereport as priority claims	separatio	n agre	eement or divorce that you did not	
	No			Debts to pension or profit-sh	haring pla	ans, aı	nd other similar debts	
	Yes			Other. Specify Automo	bile			
Part 3:	List Oth	ers	to Be Notified About a Debt	That You Already Listed				
is trying t have mor	o collect e than on	fron e cr	n you for a debt you owe to some	eone else, list the original credito ou listed in Parts 1 or 2, list the a	or in Par	ts 1 o	y listed in Parts 1 or 2. For examp r 2, then list the collection agency ditors here. If you do not have add	here. Similarly, if you
Name and A				which entry in Part 1 or Part 2 did	•		•	
FBLS Inc				ne 4.19 of (<i>Check one</i>):	☐ Par	rt 1: C	reditors with Priority Unsecured Clair	ns
งงบ ธ. w Hatboro,			Rd, #353		Par	rt 2: C	reditors with Nonpriority Unsecured	Claims
i iatboro,	1 A 130	7-0	La	st 4 digits of account number				
Name and A	Adross		0	which ontry in Port 1 or Port 2 did	Lyou list t	ho ori	ainal araditar?	
Florida C PO Box 1	ardiolo	gy		which entry in Part 1 or Part 2 did you list the original creditor? e 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Miami, F		-15	97		■ Par	rt 2: C	reditors with Nonpriority Unsecured	Claims
,				st 4 digits of account number				
Part 4:	Add the	Am	ounts for Each Type of Uns	ecured Claim				
. Total the type of ur				s. This information is for statistic	cal repor	ting p	ourposes only. 28 U.S.C. §159. Add	I the amounts for each
							Total Claim	
Tota claim	al	a.	Domestic support obligations		68	а.	\$0.00	
from Part		b.	Taxes and certain other debts y	ou owe the government	6b	b.	\$ 0.00	
	6	c.	Claims for death or personal inj	ury while you were intoxicated	60	c.	\$ 0.00	
	6	d.	Other. Add all other priority unsec	ured claims. Write that amount her	re. 60	d.	\$ 0.00	
	6	e.	Total Priority. Add lines 6a through	gh 6d.	66	е.	\$	
							Tatal Olaim	
Tota	6 al	f.	Student loans		6f	f.	Total Claim \$ 29,260.00	
claim from Part		g.	Obligations arising out of a sep	aration agreement or divorce tha	at 6g	a.	\$ 0.00	
	6	h.		ng plans, and other similar debts			\$ 0.00	
	6	i.	Other. Add all other nonpriority ur here.	secured claims. Write that amount	t 6i.	i.	\$ 55,281.01	
	6	j.	Total Nonpriority. Add lines 6f th	rough 6i.	6j.		\$ 84,541.01	

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 32 of 61

Fill in this information to identify your case:						
Debtor 1	Diege Anlord Mic	hel				
	First Name	Middle Name	Last Name			
Debtor 2	Alexandra Rose I	Michel				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case number _					☐ Check if this is a amended filing	an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Olate	Zii Oode	
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	<u> </u>		Sidio	5000	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 33 of 61

is an ng 12/15
ng
12/15
12/15
narried onal Page, jes, write
clude son shown e D (Official dule G to fill
e the debt
)

Fill in this information t	to identify your case:	
Debtor 1	Diege Anlord Michel	
Debtor 2 (Spouse, if filing)	Alexandra Rose Michel	
United States Bankrup	otcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Form		13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed□ Not employed	■ Employed □ Not employed
		Occupation	Area Hiring Mgr	Backup Animal Trainer
	Include part-time, seasonal, or self-employed work.	Employer's name	ABC Liquors	Birds & Animals Unlimited
	Occupation may include student or homemaker, if it applies.	Employer's address	P O Box 593688 Orlando, FL 32859	34145 Pacific Coast Hway #761 Dana Point, CA 92629-2808
		How long employed th	nere? 3 years	4 years 3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,946.67 \$ 1,172.17

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 2,946.67 \$ 1,172.17

Official Form 106I Schedule I: Your Income page 1

Copy line 4 here	Deb Deb	tor 1 tor 2	Diege Anlord Michel Alexandra Rose Michel		(Case	number (<i>if kr</i>	nown)				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$172.42 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$172.42 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$172.42 \$0.00 5c. Voluntary contributions for retirement fund loans 5d. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5d. \$0.00 5d. \$0.00 5d. \$0.00 \$0.00 5d. \$0.00 5d. \$0.00 \$0.00 5d. \$0.						For Debtor 1			non-filing spouse			
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for ferement fincome 5c. Voluntary contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 5c. Voluntary contributions from a		Сор	y line 4 here	4.		\$_	2,946	6.67	\$	1,	,172.17	_
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Insurance 5c. Voluntary contributions for voluntary for the plant of the pl	5.	List	all payroll deductions:									
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. No.00 \$ 0.00 5d. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5g. Union dues 5g. Union d		5a.	Tax, Medicare, and Social Security deductions	5a	۱.	\$	464	1.06	\$		194.81	
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Union dues 5f. Domestic support obligations 5f. Union dues 5f. Domestic support obligations 5f. Other deductions. Specify: 5f. \$ 0.00 \$ 0.00 5f. Other deductions. Specify: 5f. \$ 0.00 \$ 0.00 5f. Other deductions. Specify: 5f. \$ 0.00 \$ 0.00 5f. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,040.78 \$ 194.81 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,905.89 \$ 977.36 List all other income regularly received: 8a. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8c. Social Security 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8g. Pension or netirement income 8h. Other monthly income. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8g. Pension or retirement income 9h. Other monthly income. Specify: 11. +\$ 0.00 10. Calculate monthly income. Specify: 11. +\$ 0.00 11. +\$		5b.	·	5b).	· —			٠.			_
5e. Insurance						· —						_
5g. Union dues 5g. 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 194.81 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,905.89 \$ 977.36 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and mecessary business expenses, and the total monthly income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. \$ 0.00 \$ 0.00 8d. Social Security 8e. \$ 0.00 \$ 0.00 8d. Social Security 8e. \$ 0.00 \$ 0.00 8d. Other government assistance that you regularly receive linclude ceah assistance and the volue (ff frowin) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other requiar contributions to the expenses that you list in <i>Schedule J.</i> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J.</i> Specify: 2 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is 3,084.25 Combined monthly income.						• —						_
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,040.78 \$ 194.81 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,905.89 \$ 977.36 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ 0.00 8d. \$ 0.00												_
5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,040,78 \$ 194.81 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,905.89 \$ 977.36 List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. \$ 1,905.89 + \$ 1,178.36 \$ 3,084.25 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			•			· —			٠.			
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5l+5g+5h. 6. \$ 1,040.78 \$ 194.81 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,905.89 \$ 977.36 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8d. O.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if Known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses li		-		-		· —			Ι-			_
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,905.89 \$ 977.36 8. List all other income regularly received: 8a. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include calmony spousal support, child support processes that you receive, such as food stamps (thrown) of any non-cash assistance that you receive, such as food stamps (therefore) and the value (if known) of any non-cash assistance that you receive, such as food stamps (therefore) and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 10. \$1,905.89 + \$1,178.36 = \$3,084.25 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$4 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$3,0	6.	Add		_		* — \$						_
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8e. Social Security 8e. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Sould be amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summ			· ·			· \$			· -			_
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 9. Add all other engular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4 \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		List	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	,.		· <u>-</u>	1,500	<u>5.03</u>	` <u>-</u>			_
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?												_
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 9h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.			Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			· <u> </u>			· -			_
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. \$ 1,905.89 + \$ 1,178.36 \$ 3,084.25 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8d.										_
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. No.		8e.	Social Security	8e) .	\$			\$			_
8h. Other monthly income. Specify: 8h. \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,084.25 Combined monthly income No.			Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.								_
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 201.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?		-				· —			٠.			_
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,084.25 Combined monthly income No.		8n.	Other monthly income. Specify:	_ 8n	1.+ 	\$ _	(0.00	+ 5		0.00)
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	,	.	(0.00	\$_		201.0	0
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		1.905.89	+ \$	1	.178.36	= \$	3.084.25
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.				L			,			,		-,
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{3,084.25}{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No.	11.	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .								0.00		
13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certai								\$	
	13.	`	•	?								

Official Form 106I Schedule I: Your Income page 2

SIII	in this information to ide	ntify v	our case.			I				
				ı		Ch	nack if	f this is:		
	tor 1 Diege Anlord Michel							amended filing		
	otor 2 Alexan ouse, if filing)	dra R	Rose Mic	hel					wing postpetition chapter the following date:	
Unit	ted States Bankruptcy Cour	for the	: MIDD	LE DISTRICT OF FLORIDA	١		MN	// DD / YYYY		
	nown)									
	fficial Form 10									
	chedule J: Yo								12/	1
info		is ne	eded, at	e. If two married people a tach another sheet to this on.						
Par		House	ehold							_
1.	Is this a joint case?									
	☐ No. Go to line 2. ☐ Yes. Does Debtor	2 livo	in a son	arata hausahald?						
	<u></u>	Z IIVC	iii a sepa	irate riouserioiu:						
	■ No	2 mu	et file Offi	cial Form 106J-2, Expenses	s for Senarate House	ehold of D	ehtor	2		
				olai i oliii 1000 2, <i>Expense</i>	s for ocparate House	SHOIG OF D	CDIO	۷.		
2.	Do you have depende	ents?	■ No							
	Do not list Debtor 1 an Debtor 2.	d	☐ Yes	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	
	Do not state the								□ No	
	dependents names.								☐ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ Yes	
									□ No	
_									☐ Yes	
3.	Do your expenses in expenses of people of		than	No						
	yourself and your de			☐ Yes						
Par	t 2: Estimate Your	Ongoi	ing Mont	hly Expenses						
exp	imate your expenses a penses as of a date afte plicable date.	s of y	our bank bankrup	cruptcy filing date unless y tcy is filed. If this is a sup	you are using this foolemental Schedule	orm as a e <i>J</i> , check	supp the b	lement in a Cha	apter 13 case to report of the form and fill in the	,
the				n government assistance ncluded it on <i>Schedule I:</i>				Your exp	enses	
4.	The rental or home o payments and any ren			enses for your residence. or lot.	Include first mortgage	e 4.	\$_		900.00	
	If not included in line	4:								
	4a. Real estate taxe	s				4a.	\$		0.00	
	4b. Property, home	wner'	s, or rent	er's insurance		4b.	. –		0.00	
			•	l upkeep expenses		4c.	. –		0.00	
5.				ndominium dues your residence, such as ho	ome equity loans	4d. 5.	\$ \$		0.00	
					1 .,	٥.	*			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 37 of 61

			nlord Michel ra Rose Michel	Case nun	nber (if known)	
6.	Utilitie	95.				
0.			heat, natural gas	6a.	\$	150.00
	6b.	Water, sev	ver, garbage collection	6b.	\$	75.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	40.00
	6d.	Other. Spe	ecify:	6d.	\$	0.00
7.	Food a	and house	ekeeping supplies	7.	\$	500.00
8.	Childo	care and c	hildren's education costs	8.		0.00
9.	Clothi	ing, laund	ry, and dry cleaning	9.	\$	35.00
10.		•	roducts and services	10.	\$	40.00
11.			ntal expenses	11.	\$	30.00
12.			Include gas, maintenance, bus or train fare.	12.	\$	440.00
13			ar payments. clubs, recreation, newspapers, magazines, and books	13.	· -	100.00
			ributions and religious donations	14.	·	0.00
	Insura		inductions and rengious donations	14.	Ψ	0.00
15.			surance deducted from your pay or included in lines 4 or 20).		
		Life insura	, , ,	15a.	\$	0.00
	15b.	Health ins	urance	15b.	\$	0.00
	15c. '	Vehicle ins	surance	15c.	\$	100.00
	15d.	Other insu	rance. Specify:	15d.	\$	0.00
16.			clude taxes deducted from your pay or included in lines 4 or	r 20.	· —	
	Specify		, ,	16.	\$	0.00
17.	Install	lment or le	ease payments:			
	17a.	Car payme	ents for Vehicle 1	17a.	\$	0.00
			ents for Vehicle 2	17b.	\$	0.00
			ecify: student loans	17c.		80.00
	17d.	Other. Spe	ecify: lease on mattress	17d.	\$	150.31
18.			of alimony, maintenance, and support that you did not		\$	0.00
10			your pay on line 5, Schedule I, Your Income (Official For	m 1061).	. Ψ \$	
19.	Specif		s you make to support others who do not live with you.	19.	·	0.00
20		<i></i>	erty expenses not included in lines 4 or 5 of this form of			
20.			s on other property	20a.		0.00
		Real estat		20b.	\$	0.00
			nomeowner's, or renter's insurance	20c.	\$	0.00
			ce, repair, and upkeep expenses	20d.	· -	0.00
			er's association or condominium dues	20e.	\$	0.00
21.	Other:	: Specify:	pet food and vet bills	21.	+\$	80.00
						
22.			nonthly expenses			
			through 21.		\$	2,720.31
			2 (monthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	
	22c. A	dd line 22a	a and 22b. The result is your monthly expenses.		\$	2,720.31
23.	Calcul	late your i	monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.	\$	3,084.25
			monthly expenses from line 22c above.	23b.	-\$	2,720.31
			, ,			,
			our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	363.94
24.	For examodification No.	ample, do yo ation to the	an increase or decrease in your expenses within the year or do you expect to finish paying for your car loan within the year or do you terms of your mortgage?			ease or decrease because of a
	☐ Yes	S.	Explain here:	<u> </u>		

Fill in this inform	mation to identify your	case:			
Debtor 1	Diege Anlord Mic	hel			
	First Name	Middle Name	Last Name		
Debtor 2	Alexandra Rose I	Michel			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case number					
(if known)					☐ Check if this is an
					amended filing
If two married pe You must file thi obtaining money	eople are filing togethe s form whenever you fi	r, both are equally respo le bankruptcy schedules n connection with a bank	Debtor's Sche nsible for supplying correct is or amended schedules. Mak cruptcy case can result in fine	information. king a false statement,	
Sign	n Below				
Did you pa	y or agree to pay some	one who is NOT an atto	ney to help you fill out bankr	ruptcy forms?	
■ No					
☐ Yes. N	Name of person				Petition Preparer's Notice, Signature (Official Form 119)
	lty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules filed wit	th this declaration and	
X /s/ Die	ge Anlord Michel		X /s/ Alexandra F	Rose Michel	
	Anlord Michel		Alexandra Ros		
Signatu	re of Debtor 1		Signature of Debt	tor 2	
Date _	January 18, 2019		Date January	18, 2019	

Fill in	this inform	nation to identify you	r case.			
Debto		Diege Anlord Mi				
Dobto		First Name	Middle Name	Last Name		
Debto (Spouse	or 2 e if, filing)	Alexandra Rose First Name	Michel Middle Name	Last Name		
United	d States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF F	LORIDA		
Case	number					
(if know	_				_	heck if this is an mended filing
		<u>rm 107</u>				
			Affairs for Individ		<u> </u>	4/16
					equally responsible for support of the support of t	
		n). Answer every ques			,,	
Part 1	Give D	Details About Your Ma	rital Status and Where You	Lived Before		
1. W	/hat is you	r current marital statu	ıs?			
	Married Not mar	ried				
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	No		-			
	-	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	'.	
[Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory	
states	and territori	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	isconsin.)
	No No	oko guro vou fill out Sak	andula H. Vour Codobtora (O	fficial Form 106H\		
	i res. Ma	ike sure you iiii out <i>Scr</i>	nedule H: Your Codebtors (O	iliciai Foitii 100H).		
Part 2	Explai	n the Sources of You	r Income			
F	ill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
] No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$458.49	☐ Wages, commissions, bonuses, tips	\$48.00
			☐ Operating a business		Operating a business	

Official Form 107

Debtor 2 Alexandra Rose Michel				Case number (if known)					
				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(bef	ss income ore deductions and usions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	=		■ Wages, combonuses, tips	ımissions,	\$13,793.75
				☐ Operating a business			☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips		\$29,986.00	■ Wages, combonuses, tips	ımissions,	\$20,000.00
				☐ Operating a business			☐ Operating a	business	
		dar year: December	31, 2016)	■ Wages, commissions, bonuses, tips		\$24,925.00	■ Wages, combonuses, tips	ımissions,	\$11,023.00
				☐ Operating a business			☐ Operating a	business	
	No Yes.	Fill in the de	etails.	Debtor 1 Sources of income Describe below.	eacl	ss income from h source ore deductions and	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
					,	usions)			and exclusions)
Part 3:	Lis	t Certain Pa	yments You	Made Before You Filed for	Bankru	iptcy			
6. Are	e eithe No.	Neither De	ebtor 1 nor D	s debts primarily consume ebtor 2 has primarily cons personal, family, or househo	sumer de	ebts. Consumer debt	s are defined in 11	U.S.C. § 10	01(8) as "incurred by an
		During the No.	90 days befo	re you filed for bankruptcy, o	did you p	ay any creditor a tota	l of \$6,425* or mo	re?	
		□ Yes	List below e paid that cre not include	ach creditor to whom you pa editor. Do not include payme payments to an attorney for	ents for d this ban	lomestic support oblig kruptcy case.	ations, such as ch	nild support a	and alimony. Also, do
_		•	•	on 4/01/19 and every 3 yea			or after the date of	f adjustmen	t.
	Yes.			r both have primarily cons re you filed for bankruptcy, c			l of \$600 or more?	,	
		□ No.	Go to line 7						
		■ Yes	include pay	ach creditor to whom you pa ments for domestic support of this bankruptcy case.					
Cr	editor'	's Name and	d Address	Dates of paym	ent	Total amount paid	Amount you still owe	Was this	payment for
						paiu	Juli OMG		

Debtor 1 Diege Anlord Michel
Debtor 2 Alexandra Rose Mich

Debtor 2 Alexandra Rose Michel Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount	Amount you	Was this payment for
American Express PO Box 105195 Atlanta, GA 30348	9/28/18	paid \$250.00	still owe Unknown	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
American Express PO Box 105195 Atlanta, GA 30348	10/5/18	\$250.00	Unknown	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
American Express PO Box 105195 Atlanta, GA 30348	10/12/18	\$250.00	\$0.00	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
American Express PO Box 105195 Atlanta, GA 30348	10/19/18	\$250.00	\$0.00	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
American Express PO Box 105195 Atlanta, GA 30348	10/26/18	\$250.00	\$0.00	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
American Express PO Box 105195 Atlanta, GA 30348	9/7/18	\$250.00	\$0.00	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998	9/11/18	\$140.00	\$3,178.74	 ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 42 of 61

Debto	or 2 Alexandra Rose Michel		Cas	se number (if known)		
(Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
ı	American Express PO Box 105195 Atlanta, GA 30348	9/21/18	\$250.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other_	rd ayment
ı	American Express PO Box 105195 Atlanta, GA 30348	11/27/18	\$300.00	Unknown	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd ayment
li o a	Vithin 1 year before you filed for bankrup insiders include your relatives; any general properties of which you are an officer, director, person in business you operate as a sole proprietor. limony.	artners; relatives of any gent control, or owner of 20%	eneral partners; partners or more of their votin	erships of which yo g securities; and a	u are a genera ny managing a	I partner; corporation gent, including one for
	No					
	Yes. List all payments to an insider. nsider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
	noido. C riamo ana riadi occ	Dates of paymont	paid	still owe	Troubon 101	o payo
ir Ir	/ithin 1 year before you filed for bankrup isider? include payments on debts guaranteed or co No Yes. List all payments to an insider		yments or transfer a	any property on a	ccount of a de	bt that benefited an
ı	nsider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
			paiu	Still Owe	iliciade crea	toi s riairie
L	Jithin 1 year before you filed for bankrup ist all such matters, including personal injury nodifications, and contract disputes.	tcy, were you a party in a				
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
o. V	/ithin 1 year before you filed for bankrup heck all that apply and fill in the details belo		perty repossessed, f	oreclosed, garnis	shed, attached	, seized, or levied?
	No. Go to line 11. Yes. Fill in the information below.					
-	res. Fill in the information below. Creditor Name and Address	Describe the Property		Date		Value of the
						property
		Explain what happene	≠u			

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 43 of 61

	otor 2 Alexandra Rose Michel		Case number	er (if known)	
	Creditor Name and Address	Describe the Property Explain what happened	1	Date	Value of the property
	GTE Financial 711 E Henderson Avenue Tampa, FL 33602	2009 Chevrolet Color 187,000 VIN VIN 1GCCS13959 CONDITION 4827,	rado Crew Cab with	October 2018	\$4,827.00
		■ Property was reposse □ Property was foreclos □ Property was garnishe	ed.		
		☐ Property was attached			
11.	Within 90 days before you filed for ban accounts or refuse to make a payment ■ No □ Yes. Fill in the details. Creditor Name and Address			nstitution, set off any an	nounts from your
	Orealtor Name and Address	bescribe the action the	creditor took	taken	Amount
Par 13.	Yes List Certain Gifts and Contribution Within 2 years before you filed for bank No Yes. Fill in the details for each gift.		s with a total value of more	than \$600 per person?	
	Gifts with a total value of more than \$6 per person Person to Whom You Gave the Gift an	-		Dates you gave the gifts	Value
14.	Address: Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or		s or contributions with a to	stal value of more than \$6	600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	ŕ	ı contributed	Dates you contributed	
					Value
Par					Value
		ruptcy or since you filed for b	ankruptcy, did you lose an	ything because of theft,	
	t 6: List Certain Losses Within 1 year before you filed for bank	ruptcy or since you filed for b	ankruptcy, did you lose an	ything because of theft,	

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 44 of 61

Address Person Who Made the Payment, if Not You The Berlinsky Law Firm, PA 21 S 2nd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Todd Street Haines City, FL 3384, Todd Street Haines City, FL 3385, Todd Street Haines Ci		otor 1 otor 2	Diege Anlord Michel Alexandra Rose Michel	C	Case number (if known)	
consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No	Par	t 7:	List Certain Payments or Transfers				
Person Who Was Paid Address Email or website and value of any property Event of the payment or transfer that you listed on line 16. No	16.	Includ	ulted about seeking bankruptcy or preparir	g a bankruptcy petition?			rty to anyone you
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You The Berlinsky Law Firm, PA 21 S 2nd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes, Fill in the details. Person Who Was Paid Address Credit Counseling Course 11/19/18 \$25.00 Transferred Transferred Transferred Transferred Transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Press. Fill in the details. Person Who Was Paid Address Credit Counseling Course 11/19/18 \$25.00 Transferred 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include both outright transfers made as security (such as the granting of a security interest or mortgage on your property transferred payments received or debts paid in exchange Person Who Received Transfer as made Person Who Received Transfer was made Person Who Received Transfer Person Who Received Transfer Person Who Received Transfer		_ :					
21 S 2nd Street Haines City, FL 33844 Richard Duffy paid \$645 & 335 Richard Duffy paid \$645 & 33		Pers Addr Ema	on Who Was Paid ress il or website address		erty	or transfer was	Amount of payment
promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Address		21 S Hair	3 2nd Street nes City, FL 33844		ee \$335	\$645.00 01/10/19 \$834.00 1/16/19	\$1,814.00
Address transferred or transfer was made Incharge Debt Solutions 5750 Mayor Blvd. Suite 300 Orlando, FL 32819 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Description and value of trust Description and value of trust Description and value of the property transferred Date Transfer was made	17.	prom Do no	ised to help you deal with your creditors on the include any payment or transfer that you listed No	to make payments to your creditors		r transfer any prope	rty to anyone who
5750 Mayor Blvd. Suite 300 Orlando, FL 32819 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was part of the property transferred					erty	or transfer was	Amount of payment
transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you Description and value of property transferred Person's relationship to you Date transfer was made Date transfer was made Padd in exchange No Yes. Fill in the details. No Yes. Fill in the details. Description and value of trust Description and value of the property transferred Date Transfer was made Date Transfer was made		5750 Suit) Mayor Blvd. e 300	Credit Counseling Course		11/19/18	\$25.00
Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was	18.	Includinclud	ferred in the ordinary course of your busing le both outright transfers and transfers made a le gifts and transfers that you have already list No	ess or financial affairs? as security (such as the granting of a se			
Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was					payments	received or debts	Date transfer was made
beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was		Pers	on's relationship to you		paiu ili ext	ciialiy c	
· · · ·	19.	benef	ficiary? (These are often called asset-protecti		elf-settled tru	ist or similar device (of which you are a
		Nam	e of trust	Description and value of the prope	erty transferre	ed	Date Transfer was made

Debtor 1 **Diege Anlord Michel** Debtor 2 Alexandra Rose Michel Case number (if known) Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Last balance Type of account or Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Describe the contents Do you still Who else has or had access Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP 881 Green Shank Dr Unknown Richard Duffy 2012 Toyota Prius 6000 NW 64th Ave #307

Part 10: Give Details About Environmental Information

Fort Lauderdale, FL 33319

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Haines City, FL 33844

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

De	btor 2	Alexandra Rose Michel		Ca	se number (if known)	
24.	Has a	any governmental unit notified you that	you may be liable or potentially liable	unc	der or in violation of an environme	ental law?
		No				
		Yes. Fill in the details.				
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of	any release of hazardous material?			
		No				
		Yes. Fill in the details.				
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or adn	ninistrative proceeding under any envir	oni	mental law? Include settlements a	and orders.
	_	No Yes. Fill in the details.				
		e Title	Court or agency	Na	ture of the case	Status of the
		e Number	Name Address (Number, Street, City, State and ZIP Code)	ING	ture of the case	case
Pa	rt 11:	Give Details About Your Business or	Connections to Any Business			
27.	Withi	in 4 years before you filed for bankrupt	cy, did you own a business or have any	of	the following connections to any	business?
		☐ A sole proprietor or self-employed in	n a trade, profession, or other activity, e	eith	er full-time or part-time	
		☐ A member of a limited liability comp	any (LLC) or limited liability partnership	p (L	LP)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing ex	ecutive of a corporation			
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation			
		No. None of the above applies. Go to F	Part 12.			
		• •	in the details below for each business.			
		iness Name	Describe the nature of the business		Employer Identification number	•
		ress ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security number or ITIN.	
					Dates business existed	
28.		in 2 years before you filed for bankrupt utions, creditors, or other parties.	cy, did you give a financial statement to	o ar	nyone about your business? Inclu	ıde all financial
		No				
		Yes. Fill in the details below.				

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 Diege Anlord Michel

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 47 of 61

Debtor 1	Diege Anlord Michel			
Debtor 2	Alexandra Rose Michel			Case number (if known)
Part 12:	Sign Below			
are true a		a false statement	, concealing property,	nd I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection 0 years, or both.
/s/ Dieg	e Anlord Michel	/s/ Ale	exandra Rose Miche	el
Diege A	nlord Michel	Alexa	ndra Rose Michel	
Signatur	e of Debtor 1	Signat	Signature of Debtor 2	
Date _J	anuary 18, 2019	Date	January 18, 2019	
Did you a	ttach additional pages to Your Staten	nent of Financial	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
■ No				
☐ Yes				
Did you p	ay or agree to pay someone who is no	ot an attorney to l	help you fill out bankru	uptcy forms?
■ No				
☐ Yes. N	ame of Person Attach the Banki	runtcy Petition Prei	parer's Notice, Declarati	ion, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:		I
			4
Debtor 1	Diege Anlord Michel First Name Middle Name	e Last Name	
Debtor 2	Alexandra Rose Michel		
(Spouse if, filing)	First Name Middle Name	e Last Name	
United States Bar	nkruptcy Court for the: MIDDLE DIST	RICT OF FLORIDA	
Case number			
(if known)			☐ Check if this is an amended filing
Official Fo		lividuals Filing Under Chapt	er 7 12/15
_	vidual filing under chapter 7, you mus	t fill out this form if:	
you have lease You must file this	ver is earlier, unless the court extends	s not expired. ter you file your bankruptcy petition or by the date s the time for cause. You must also send copies to t	
•	ople are filing together in a joint case, d date the form.	both are equally responsible for supplying correct	information. Both debtors must
	and accurate as possible. If more spac our name and case number (if known).	e is needed, attach a separate sheet to this form. Or	n the top of any additional pages,
Down Lint Vo	One ditana Wha Have Coovered Claim		
	our Creditors Who Have Secured Claim		
1. For any credito information be		e D: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
Identify the cre	editor and the property that is collateral	What do you intend to do with the property the	
		secures a debt?	as exempt on Schedule C?
Craditaria B			<u>_</u>
Creditor's P ₁	rogressive Leasing	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
name.		Retain the property and redeem it.	□Yes
Description of	Mattress leased through	Reaffirmation Agreement.	1 103
property	Mattress Firm	Retain the property and [explain]:	
securing debt:			<u>—</u>
Part 2: List Yo	our Unexpired Personal Property Lease	es	
For any unexpire in the information	d personal property lease that you list n below. Do not list real estate leases.	red in Schedule G: Executory Contracts and Unexpi Unexpired leases are leases that are still in effect; to if the trustee does not assume it. 11 U.S.C. § 365(p	the lease period has not yet ended.
Describe your u	nexpired personal property leases		Will the lease be assumed?
			_
Lessor's name: Description of lea	sed		□ No
Property:			☐ Yes
Lessor's name:			□ No
Description of lea	sed		
Property:			☐ Yes
Lessor's name:			
Official Form 108	Statement o	f Intention for Individuals Filing Under Chapter 7	page 1

Case 8:19-bk-00481 Doc 1 Filed 01/18/19 Page 49 of 61

Debtor 1 Debtor 2	•	Case number (if known)
Descript Property	tion of leased y:	□ No
Lessor's Descript Property	tion of leased	□ No □ Yes
Lessor's Descript Property	tion of leased	□ No □ Yes
Lessor's Descript Property	tion of leased	□ No □ Yes
Property	tion of leased y:	□ No
property	enalty of perjury, I declare that I have indicated my intention a that is subject to an unexpired lease.	bout any property of my estate that secures a debt and any personal X /s/ Alexandra Rose Michel
Die	ege Anlord Michel gnature of Debtor 1	Alexandra Rose Michel Signature of Debtor 2
Da		Date

					_					
Fill in this info	rmation to identify you	ır case:						irected	in this form and	I in Form
Debtor 1	Diege Anlord M	ichel			122	2A-1Su	pp:			
Debtor 2 (Spouse, if filing)	Alexandra Rose	Michel				■ 1. TI	here is no presi	umptio	n of abuse	
United States	Bankruptcy Court for	the: Middle District o	f Florid	a	[а		nade ui	rmine if a presur	•
Case number (if known)					[⊐ 3. TI	he Means Test	does r	not apply now be be but it could ap	
							eck if this is a		<u>'</u>	p.y 10.1011
Official F	orm 122A -	1							J	
Chapter	7 Statemer	nt of Your Cu	ırreı	nt Monthl	y Inc	ome	е			12/1
attach a separat case number (if qualifying milita Part 1: Ca	e sheet to this form. In known). If you believe ry service, complete an alculate Your Currer	ble. If two married peopl clude the line number to that you are exempted f nd file Statement of Exem the Monthly Income ag status? Check one	which rom a p mption t	the additional info resumption of abu	rmation a	pplies. se you	On the top of ar	ny addi narily c	tional pages, writ onsumer debts o	e your name and r because of
☐ Not m	narried. Fill out Colum	nn A, lines 2-11.								
■ Marri	ed and your spouse	is filing with you. Fill	out bot	h Columns A and	B, lines	2-11.				
☐ Marri	ed and your spouse	is NOT filing with you	u. You	and your spouse	e are:					
□Liv	ing in the same hou	sehold and are not le	gally s	eparated. Fill out	both Col	umns /	A and B, lines 2	2-11.		
pe	nalty of perjury that yo	e legally separated. Fi ou and your spouse are that do not include eva	e legally	separated under	r nonban	kruptcy	/ law that applie	s or th		
101(10A). Fo the 6 months	r example, if you are filin , add the income for all 6	that you received from a g on September 15, the 6 months and divide the to y, put the income from tha	-month բ tal by 6.	period would be Mai Fill in the result. Do	rch 1 throu not includ	igh Aug le any ir	ust 31. If the amo	unt of yore than	our monthly incom n once. For examp	ne varied during le, if both
						Colum Debto		Debt	mn B tor 2 or filing spouse	
_	oss wages, salary, tipeductions).	ps, bonuses, overtime	e, and o	commissions (be	efore all	\$	2,913.39	\$	1,221.82	
3. Alimony	and maintenance pa	ayments. Do not includ	de payn	nents from a spou	use if	\$	0.00	\$	0.00	
	3 is filled in.	e which are regularly	naid fo	or household exr	nenses	Φ	0.00	Φ	0.00	
of you of from an u and room filled in. I	r your dependents, i unmarried partner, me nmates. Include regula Do not include payme	ncluding child suppo embers of your househour ar contributions from a nts you listed on line 3.	o rt. Included the spouse of	ude regular contri ir dependents, pa e only if Column B	butions rents,	\$	0.00	\$	0.00	
5. Net inco	me from operating a	business, profession Debtor 1		rm Debtor 2						
deduction	ceipts (before all ns) and necessary	\$	\$_	190.50						
operating Net mont	expenses hly income from a	-\$ <u>0.00</u>	- · —	38.83 151.67	Сору		0.00	\$	151.67	
	, profession, or farm	· 	_ Φ —	131.07	here ->	\$	0.00	Φ	131.07	
6. Net inco	me from rental and	other real property		Debtor 1						
Gross re	ceipts (before all dedu	uctions)	\$	0.00						
	and necessary opera	,	-\$	0.00						
Net mont	thly income from renta	al or other real property	\$	0.00 Copy	here ->	\$	0.00	\$	0.00	
7 Interest	dividends and rova	ltion				\$	0.00	\$	0.00	

Official Form 122A-1

\$

7. Interest, dividends, and royalties

Case number (if known)

Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 0.00 Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,913.39 \$ 1,373.49 \$ 4,286.88 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,286.88 Multiply by 12 (the number of months in a year) x 12 51,442.56 12b. The result is your annual income for this part of the form 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 58,960.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Diege Anlord Michel X /s/ Alexandra Rose Michel **Diege Anlord Michel** Alexandra Rose Michel Signature of Debtor 1 Signature of Debtor 2 Date January 18, 2019 Date January 18, 2019 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Diege Anlord Michel

Alexandra Rose Michel

Debtor 1

Debtor 2

Debtor 1	Diege Anlord Michel	
Debtor 2	Alexandra Rose Michel	Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2018 to 12/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: ABC Liquors

Income by Month:

6 Months Ago:	07/2018	\$2,764.71
5 Months Ago:	08/2018	\$3,455.69
4 Months Ago:	09/2018	\$2,835.10
3 Months Ago:	10/2018	\$2,915.59
2 Months Ago:	11/2018	\$3,698.24
Last Month:	12/2018	\$1,811.00
	Average per month:	\$2,913.39

Debtor 1	Diege Anlord Michel	
	Alexandra Rose Michel	
Debtor 2	Alexanora Rose Michel	

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 07/01/2018 to 12/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Birds & Animals Unl. Wages

Income by Month:

6 Months Ago:	07/2018	\$1,164.72
5 Months Ago:	08/2018	\$849.62
4 Months Ago:	09/2018	\$1,240.72
3 Months Ago:	10/2018	\$1,186.32
2 Months Ago:	11/2018	\$1,424.39
Last Month:	12/2018	\$1,465.12
	Average per month:	\$1,221.82

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **rover.com** Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	07/2018	\$216.00	\$0.00	\$216.00
5 Months Ago:	08/2018	\$353.00	\$51.00	\$302.00
4 Months Ago:	09/2018	\$110.00	\$15.00	\$95.00
3 Months Ago:	10/2018	\$104.00	\$58.00	\$46.00
2 Months Ago:	11/2018	\$312.00	\$109.00	\$203.00
Last Month:	12/2018	\$48.00	\$0.00	\$48.00
	Average per month:	\$190.50	\$38.83	
			Average Monthly NET Income:	\$151.67

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$24	5 filing fee	
\$75	5 administrative fee	
+ \$15	5 trustee surcharge	
\$33	5 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

	iege Anlord Michel Iexandra Rose Michel		Case No.	
		Debtor(s)	Chapter	7
The above-		CATION OF CREDITOR The attached list of creditors is true and the attached list of creditors is true attached list of creditors at a constant list of cred		of their knowledge.
Date: Ja	nuary 18, 2019	/s/ Diege Anlord Michel		
		Diege Anlord Michel Signature of Debtor		
		Signature of Debior		
Date: Ja	nuary 18, 2019	/s/ Alexandra Rose Michel		
		Alexandra Rose Michel		

Signature of Debtor

Diege Anlord Michel 881 Greenshank Dr Haines City, FL 33844 Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238 Florida Cardiology PA PO Box 161597 Miami, FL 33116-1597

Alexandra Rose Michel 881 Greenshank Dr Haines City, FL 33844 Cora Rehabilitation PO BOX 150 Lima, OH 45802 Florida Hospital Celebration 400 Celebration Place Celebration, FL 34747

Stephen J. Berlinsky The Berlinsky Law Firm, PA 21 South 2nd Street Haines City, FL 33844 Dept of Ed / 582 / Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501 Gold Key Credit Attn: Bankruptcy Po Box 15670 Brooksville, FL 34604

American Express PO Box 105195 Atlanta, GA 30348 Ecmc/american Studen A 100 Cambridge Street Ste 1600 Boston, MA 02114 Gtefinancial 711 E. Hendersen Tampa, FL 33602

American Student Asst Attn: Bankruptcy 100 Cambridge St., Ste 1600 Boston, MA 02114 Equifax Information Services LLC P. O. Box 740256 Atlanta, GA 30374 Medical Data Systems Inc Attn: Bankruptcy Dept 2001 9th Ave Ste 312 Vero Beach, FL 32960

Amex Po Box 297871 Fort Lauderdale, FL 33329 Esperian P.O. Box 2002 Allen, TX 75013 Midland Credit Mgmt 2365 Northside Drive, #300 San Diego, CA 92108

Assetcare Attn: Bankruptcy 2222 Texoma Pkwy Sherman, TX 75090 FBLS Inc 330 S. Warminster Rd, #353 Hatboro, PA 19040 OptumRx P.O. Box 9040 Carlsbad, CA 92018-9040

Bank Of America Po Box 982238 El Paso, TX 79998 First Federal Credit Control Attn: Bankruptcy 24700 Chagrin Blvd, Ste 205 Cleveland, OH 44122 Progressive Leasing 256 West Data Dr Draper, UT 84020

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Florida Cardiology PA PO Box 534405 Atlanta, GA 30353 Suntrust PO BOX 305183 Nashville, TN 37230 Suntrust Bank Attn: Bankruptcy Mail Code VA-RVW-6290 PO Box 85092 Richmond, VA 23286

TransUnion
P. O. Box 2000
Crum Lynne, PA 19022

U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244

U.S. Department of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116

Vw Credit Inc 1401 Franklin Blvd Libertyville, IL 60048 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

In	Diege Anlord Michel re Alexandra Rose Michel		Case No		
	Alexandra Nose Milonei	Debtor(s)	Chapter	7	
	DIGGLOGUE OF COMPEN			EDEOD(C)	
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be pai	d to me, for services	nat rendered or to
	For legal services, I have agreed to accept		\$	1,399.00	
	Prior to the filing of this statement I have received			1,399.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	☐ I have not agreed to share the above-disclosed compe	ensation with any other persor	unless they are me	nbers and associates	of my law firm.
					,
	I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name will be paid \$75.00 or less to attend Section 3 hearing.	nes of the people sharing in the	e compensation is at	tached. Attorney	David Garside
5.	In return for the above-disclosed fee, I have agreed to rer	nder legal service for all aspec	ets of the bankruptcy	case, including:	
	a. Analysis of the debtor's financial situation, and renderb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of creditord. [Other provisions as needed]	ment of affairs and plan which	h may be required;	-	nkruptcy;
	Preparation and transmission of the doc with the Trustee and creditors; Consultir effect of the same; Review and completio the case through entry of the Discharge	ng with the Debtor as to a	Reaffirmation A	greement and the	legalities and
	Note: The fee shown on this disclosure of filing fee, credit report fee	does not include the cost	s paid to the firm	in the amount of	for the Court
5.	By agreement with the debtor(s), the above-disclosed fee Representation of the Debtor in: Judicial Conversion to any other chapter of bank	lien avoidance; Adversa	ry proceedings;	Amendment to Sc	hedules;
		CERTIFICATION			
thi	I certify that the foregoing is a complete statement of any s bankruptcy proceeding.	agreement or arrangement fo	r payment to me for	representation of the	e debtor(s) in
	January 18, 2019 <i>Date</i>	/s/ Stephen J. Berlin	nsky 117421		
		Signature of Attorn The Berlinsky La 21 South 2nd Str Haines City, FL 3 863-409-7961 F	aw Firm, PA reet 33844 ax: 866-561-4996		
		ecf-flmd@fladeb Name of law firm	trellet.com		